

**City of Memphis**  
**Division of Fire Services Fire Training Academy**  
**Transcript Request Guidelines and Instructions**

1. The Division of Fire Services Fire Training Academy "Request for Official Transcript" form is accessible on-line at [www.memphistn.gov/emstraining](http://www.memphistn.gov/emstraining) or [www.memphistn.gov/firetraining](http://www.memphistn.gov/firetraining).
2. A request for academic records must be submitted by the student only on the Division of Fire Services Fire Training Academy "Request for Official Transcript" form.
3. A request for transcript from anyone other than the student will not be processed and the requestor will not be notified of this decision
4. A request for transcript received on any other form than the Division of Fire Service Fire Training Academy "Request for Official Transcript" form will not be processed and the student will not be notified of this decision.
5. The student may mail or deliver the transcript request form to the Division of Fire Services, Fire Training Academy, Attn: Transcript Request, 4341 O.K. Robertson Road, Memphis Tennessee 38127.
6. The student delivering a transcript request form must sign the form consenting to his/her academic record being released to another party or to self in the presence of a Fire Training Academy staff member and show proper identification in order for the request to be processed.
7. The student mailing a transcript request form must sign the form consenting to his/her academic record being released to another party or to self and must have their signature notarized in order for the request to be processed.
8. The student may select any of the following academic record(s) to appear on his/her transcript: Basic Firemanship, Emergency Medical Technician-IV, Advanced Emergency Medical Technician, and Paramedic.
9. Transcript request forms that are emailed or faxed are unacceptable and will not be processed and the student will not be notified of this decision.
10. Transcript requests require a minimum of 48-hours to process.



## City of Memphis

Division of Fire Services  
Fire Training Academy  
(901) 636-5706

Request Number

*Return completed form to*

**Memphis Fire Training Academy**  
Attn: Training Transcripts  
4341 O.K. Robertson Road  
Memphis, Tennessee 38127

### REQUEST FOR OFFICIAL TRANSCRIPT

**Select All Applicable:** ☐ EMT - IV ☐ Advanced EMT ☐ Paramedic ☐ Basic Firemanship

The City of Memphis Fire Training Academy **will not** accept the transcript request form via email or fax.  
The Fire Training Academy **does not fax or email** transcripts to recipients.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Former Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employee I.D. Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

MFD Fire Recruit Class No.: \_\_\_\_\_ MFD Paramedic Class No.: \_\_\_\_\_ DOE: \_\_\_\_\_

#### *Transcript Order*

*Mail my MFD Official Transcript to:*

Individual's Name or Specific Office (if applicable) \_\_\_\_\_

Business or Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

#### *Signature*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (Print): \_\_\_\_\_

#### *Office Use Only*

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Confirmation sent by email \_\_\_\_\_